

FRANKLIN COUNTY PARKS & RECREATION

PRESENTS :

MONTHLY CORNHOLE TOURNAMENTS



YOUTH SINGLES & DOUBLES DIVISIONS- ages 17 & under!

ADULT SINGLES & DOUBLES DIVISIONS- ages 18 & above!

Awards to 1st, 2nd and 3rd place winners.

Double elimination style tournaments.

Games played to 21, skunk rule in effect (11-0).

In the hole =3, on the board =1 and first to 21 wins!

- When:** Friday, September 9, 2011 @ Franklin County Parks & Recreation Large Shelter
Friday, October 21, 2011 @ Franklin County Parks & Recreation Large Shelter
Friday, November 4, 2011 @ Rocky Mount Elementary School Gym
Friday, December 9, 2011 @ Rocky Mount Elementary School Gym
- Cost:** \$5.00 per player per division
- Time:** 6:30 tournament begins
- Registration:** 5:30pm-6:15pm day of tournament



This is an alcohol free event!

Chance to win door prizes!

Special "Losers" Awards!

**For more information contact
Marcia Cramblitt, tournament
organizer, at 540-483-9293.**



**Franklin County Parks and Recreation Monthly
Cornhole Tournament Registration & Liability Waiver Form**



Name _____ **Division** (please circle) Youth or Adult

Partners Name _____ **League** (please circle) Singles or Doubles

Mailing Address _____

City _____ **Zip** _____

Email Address _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission for my child to be photographed and his/her artwork to be used in any form of publication to promote Franklin County Parks and Recreation.**

Signature of Participant _____

I have the following physical impairments or medical conditions, including allergic reactions:

Current medications that participant is taking now:

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____